

accordance with 42 CFR 438.56 (d)(2). *(Example: No auto-assignments will be made if MCO meets a certain percentage of capacity.)*

When necessary, such as when the Medicaid recipient does not have an existing relationship with a PCP, an individual may be assigned to an MCO that has the best geographic information system (GIS) PCP provider panel ranking in the county. An MCO's rank is determined by how well it compares to other MCOs in the county. The geographic analysis compares the location and capacity of PCPs on an MCO's panel to the location of all eligibles in the county. To determine the coverage of the PCP panel the GIS program locates recipients one by one and allocates them to the closest PCP available with capacity.

1932(a)(4)

42 CFR 438.50

3. As part of the state's discussion on the default enrollment process, include the following information:

- i. The state will X /will not_____ use a lock-in for managed care managed care.
- ii. The time frame for recipients to choose a health plan before being auto-assigned will be one month at a minimum.
- iii. Describe the state's process for notifying Medicaid recipients of their auto-assignment. *(Example: state generated correspondence.)*

Selection services contractor (enrollment broker) written notification.
- iv. Describe the state's process for notifying the Medicaid recipients who are auto-assigned of their right to disenroll without cause during the first 90 days of their enrollment. *(Examples: state generated correspondence, HMO enrollment packets etc.)*

packet.

- Selection services contractor (enrollment broker) verbally advises consumers of their termination rights.
- Consumer contact record, i.e. MCO enrollment verification.

- MCP new member

- MCP member handbook.

- v. Describe the default assignment algorithm used for auto-assignment.
(Examples: ratio of plans in a geographic service area to potential enrollees, usage of quality indicators.)

As described in H. 2. i., the default assignment algorithm is based first on the goal of preserving the existing provider-patient relationships. When necessary however, such as when the Medicaid recipient does not have an existing relationship with a PCP, an individual may be assigned to an MCO that has the best GIS PCP provider panel ranking in the county. This process is described in H. 2. iii.

- vi. Describe how the state will monitor any changes in the rate of default assignment. (Example: usage of the Medical Management Information System (MMIS), monthly reports generated by the enrollment broker)

reviewed monthly.

Assignment rates are

1932(a)(4)
42 CFR 438.50

I. State assurances on the enrollment process

Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

1. X The state assures it has an enrollment system that allows recipients who are
already enrolled to be given priority to continue that enrollment if the MCO or
PCCM does not have capacity to accept all who are seeking enrollment under the program.

2. X The state assures that, per the choice requirements in 42 CFR 438.52, Medicaid recipients enrolled in either an MCO or PCCM model will have a choice of at least two entities unless the area is considered rural as defined in 42 CFR 438.52(b)(3).

(In mandatory counties).

3. ____ The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs and PCCMs.

X This provision is not applicable to this 1932 State Plan Amendment.

4. ____ The state limits enrollment into a single Health Insuring Organization (HIO), if and only if the HIO is one of the entities described in section 1932(a)(3)(C) of the Act; and the recipient has a choice of at least two primary care providers within the entity. (California only.)

X This provision is not applicable to this 1932 State Plan Amendment.

5. X The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.

____ This provision is not applicable to this 1932 State Plan Amendment.

1932(a)(4)
42 CFR 438.50

J. Disenrollment

1. The state will X /will not ____ use lock-in for managed care.
2. The lock-in will apply for up to 12 months (up to 12 months).

To assure that no one is locked in longer than 12 months, and to maintain a process that is easy for the State and the Selection Services Contractor (SSC) to administer, Ohio has assigned a county-specific annual Open Selection Month to

each mandatory and voluntary county. The Open Selection month applies to all MCO members in the county, regardless of their effective date of membership in an MCP. For instance, the annual Open Selection month for Cuyahoga County is February. In late November notices are sent to all eligibles in the county advising them that they may request a change to another participating MCO at any time during the month of February. This means that a family which enrolls in a plan with an effective date of May 1, 2005, would have the months of May through July to request a change (the first ninety days of enrollment) and then receive a notice in late November 2005 (assuring that they are notified at least 60 days in advance) of their opportunity to request a change at any time in February 2006. A family with an October 1, 2005, effective date would have October through December 2005 to request a change and also receive a notice in December 2005 that they can request a change to another plan at any time in February 2006.

3. Place a check mark to affirm state compliance.

 X The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).

State:

Citation	Condition or Requirement
	<p>4. Describe any additional circumstances of "cause" for disenrollment (if any).</p> <p><i>Per Ohio Administrative Code rules, membership termination for just cause, includes a situation, as determined by ODJFS, in which continued membership in the MCO would be harmful to the interests of the member.</i></p>
	<p>K. <u>Information requirements for beneficiaries</u></p> <p>Place a check mark to affirm state compliance.</p>
1932(a)(5) 42 CFR 438.50 42 CFR 438.10	<p><u>X</u> The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)</p>
1932(a)(5)(D) 1905(t)	<p>L. <u>List all services that are excluded for each model (MCO & PCCM)</u></p>
1932 (a)(1)(A)(ii)	<p>M. <u>Selective contracting under a 1932 state plan option</u></p> <p>To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.</p> <p>1. The state will <u>X</u> /will not _____ intentionally limit the number of entities it contracts under a 1932 state plan option.</p> <p>2. <u>X</u> The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.</p> <p>3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. <i>(Example: a limited number of providers and/or enrollees.)</i></p> <p><i>ODJFS may limit the number of entities it contracts with for a specific service area if we already contract with a sufficient number of MCOs to require mandatory enrollment for eligible consumers and sufficient access to participating providers is assured. We do not expect to have a large number of entities that are able to meet our specified provider panel requirements for each service area as the key health care providers have indicated that they are unlikely to contract with more MCOs than they believe the market can realistically sustain. ODJFS would give strong consideration to adding an</i></p>

TN No. 04-016
Supersedes
TN No. NEW

Approval Date MAR 24 2005

Effective Date

7/11/05

State:

Citation

Condition or Requirement

additional MCO if they would bring services or providers not currently available to MCO members in a particular service area.

4. ____ The selective contracting provision in not applicable to this state plan.

TN No. 04-016
Supersedes
TN No. NEW

Approval Date MAR 2 2005

Effective Date 7/1/05